

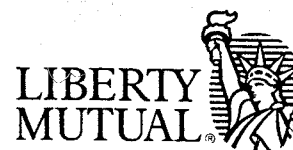
# Certificate of Insurance

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON YOU THE CERTIFICATE HOLDER. THIS CERTIFICATE IS NOT AN INSURANCE POLICY AND DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

## This is to Certify that

Mountain Valley Express Company, Inc.  
Key Way Enterprises  
P. O. Box 2569  
Manteca, CA 95336

Name and  
address of  
Insured.



is, at the issue date of this certificate, insured by the Company under the policy(ies) listed below. The insurance afforded by the listed policy(ies) is subject to all their terms, exclusions and conditions and is not altered by any requirement, term or condition of any contract or other document with respect to which this certificate may be issued.

TYPE OF POLICY	EXP. DATE <input type="checkbox"/> CONTINUOUS <input type="checkbox"/> EXTENDED <input checked="" type="checkbox"/> POLICY TERM	POLICY NUMBER	LIMIT OF LIABILITY	
<b>WORKERS COMPENSATION</b>	04/01/2000	WC7-161-006016-069	COVERAGE AFFORDED UNDER WC LAW OF THE FOLLOWING STATES:  California	<b>EMPLOYERS LIABILITY</b> Bodily Injury By Accident \$1,000,000 Each Accident Bodily Injury By Disease \$1,000,000 Policy Limit Bodily Injury By Disease \$1,000,000 Each Person
<b>GENERAL LIABILITY</b>  <input checked="" type="checkbox"/> OCCURRENCE  <input type="checkbox"/> CLAIMS MADE	04/01/2000	TB7-161-006016-019	General Aggregate - Other than Products/Completed Operations \$2,000,000 Products/Completed Operations Aggregate Included in General Aggregate Bodily Injury and Property Damage Liability \$1,000,000 Per Occurrence Personal Injury \$1,000,000 Per Person/ Organization Other	Other
<b>AUTOMOBILE LIABILITY</b>		AT2-161-006016-030	\$1,000,000	Each Accident, Single Limit B.I. and P.D. Combined
<input checked="" type="checkbox"/> OWNED <input checked="" type="checkbox"/> NON-OWNED <input checked="" type="checkbox"/> HIRED	04/01/2000	Trailer Interchange Physical Damage Comp/Coll Limit \$35,000 Comp/Coll Ded \$1,000		Each Person Each Accident or Occurrence Each Accident or Occurrence
OTHER				
Motor Truck Cargo	04/01/2000	KO1-161-006016-049	\$100,000 Any One Vehicle; \$250,000 Any One Terminal; \$250,000 Any One Disaster - \$1,000 Deductible	
ADDITIONAL COMMENTS				

\* If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date.

SPECIAL NOTICE-OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

IMPORTANT NOTICE TO FLORIDA POLICYHOLDERS AND CERTIFICATE HOLDERS: IN THE EVENT YOU HAVE ANY QUESTIONS OR NEED INFORMATION ABOUT THIS CERTIFICATE FOR ANY REASON, PLEASE CONTACT YOUR LOCAL SALES PRODUCER, WHOSE NAME AND TELEPHONE NUMBER APPEARS IN THE LOWER RIGHT HAND CORNER OF THIS CERTIFICATE. THE APPROPRIATE LOCAL SALES OFFICE MAILING ADDRESS MAY ALSO BE OBTAINED BY CALLING THIS NUMBER.

NOTICE OF CANCELLATION: (NOT APPLICABLE UNLESS A NUMBER OF DAYS IS ENTERED BELOW) REFERR

THE STATED EXPIRATION DATE THE COMPANY WILL NOT CANCEL OR REDUCE THE INSURANCE AFFORDED

UNDER THE ABOVE POLICIES UNTIL AT LEAST 30 DAYS

NOTICE OF SUCH CANCELLATION HAS BEEN MAILED TO:

U.S. Department of Energy  
Attn: Mike Maline  
Rocky Flats Field Office  
PO Box 819  
Golden CO 80401

CERTIFICATE  
HOLDER

*Sandra Hinton*

Sandra Hinton, License #0655420  
AUTHORIZED REPRESENTATIVE

Sacramento, CA (916) 564-1792 7/21/99  
OFFICE PHONE NUMBER DATE ISSUED

# ACORD™ INSURANCE BINDER

DATE  
4/01/99

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

<b>PRODUCER</b> Helmsman Insurance Agency, Inc . MHS 6130 Stoneridge Mall Rd Suite 200 Pleasanton, CA 94588		<b>PHONE</b> (A/C, No, Ext):		<b>COMPANY</b> RLI Insurance Co		<b>BINDER #</b> TBD11-6MV-UMB	
<b>CODE:</b>		<b>SUB CODE:</b>		<b>DATE</b>		<b>EXPIRATION</b>	
<b>AGENCY</b> <b>CUSTOMER ID:</b>		<b>INSURED</b>		<b>THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:</b>		<b>DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)</b>	
Mountain Valley Express Co Inc Key Way Enterprises P.O. Box 152 Manteca, CA 95336		Helmsman Insurance Agency, Inc . MHS 6130 Stoneridge Mall Rd Suite 200 Pleasanton, CA 94588		4/01/99		4/01/00	


## COVERAGES

## LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY</b> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST	\$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$
<b>AUTO PHYSICAL DAMAGE</b> DEDUCTIBLE <input type="checkbox"/> COLLISION: <input type="checkbox"/> OTHER THAN COL:	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT OTHER	\$ \$ \$	
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO		AUTO ONLY - FA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE	\$ \$ \$ \$	
<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	occurrence form RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION	\$ 1,000,000 \$ 1,000,000 \$0	
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>		WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$	
<b>SPECIAL CONDITIONS/ OTHER COVERAGES</b>		FEES TAXES ESTIMATED TOTAL PREMIUM	\$ \$ \$	

## NAME & ADDRESS

Issued as Proof of Insurance:  
 Mountain Valley Express Co., Inc.  
 attn: Dick MacIntosh  
 P.O. Box 152  
 Manteca, Ca 95336

<b>MORTGAGEE</b> <b>LOSS PAYEE</b>	<b>ADDITIONAL INSURED</b>
<b>LOAN #</b>	
<b>AUTHORIZED REPRESENTATIVE</b> 	

## **CONDITIONS**

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

### **Applicable in California**

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

### **Applicable in Delaware**

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

### **Applicable in Florida**

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

### **Applicable in Nevada**

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.